# Quarterly Public Health Surveillance Report

DCHHS
Dallas County Health and Human Services
Healthy People Healthy Communities
Health and Social Equity

## Suspected Drug Poisoning Emergency Department Visits

This report summarizes trends in suspected drug poisoning emergency department (ED) visits in Dallas County for January–March 2026. Data are derived from the National Syndromic Surveillance Program (NSSP) ESSENCE platform and reflect visits from participating hospitals.

### Quarter Ending Q1 2026 | January–March 2026

**851**

All suspected overdose ED visits in Q1 2026

**-1%**

Quarter-over-quarter change from Q4 2025

**+14%**

Year-over-year change from Q1 2025

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Executive Summary



**ED visits remained stable compared with Q4 2025 (-1%) but were higher than Q1 2025 (+14%).**
**Fentanyl-related visits increased 18% compared with Q1 2025 but decreased 24% from Q4 2025.**
**Adults ages 25–34 accounted for the largest share of visits.**

**851**
Total suspected overdose ED visits

**-1%**
Compared with Q4 2025

**+14%**
Compared with Q1 2025

## Key interpretation

The quarter-to-quarter pattern suggests short-term stability; however, the year-over-year increase indicates a higher ED burden compared with the same period last year.

## Drug type signal

Fentanyl-related ED visits were 18% higher than Q1 2025, despite a 24% decrease from Q4 2025. Opioid-involved visits declined compared with both Q4 2025 and Q1 2025.

## Demographic signal

Adults ages 25–34 accounted for the largest age group, followed by ages 35–44 and youth ages 0–17.

## Data quality note

ED visit data reflect records from participating hospitals and are based on available facility classification fields. Counts may vary slightly depending on how emergency care visits are defined.

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Emergency Department Visits: Quarterly Snapshot

Q1 2026 Vs Prior Periods

**851**

Q1 2026 ED visits

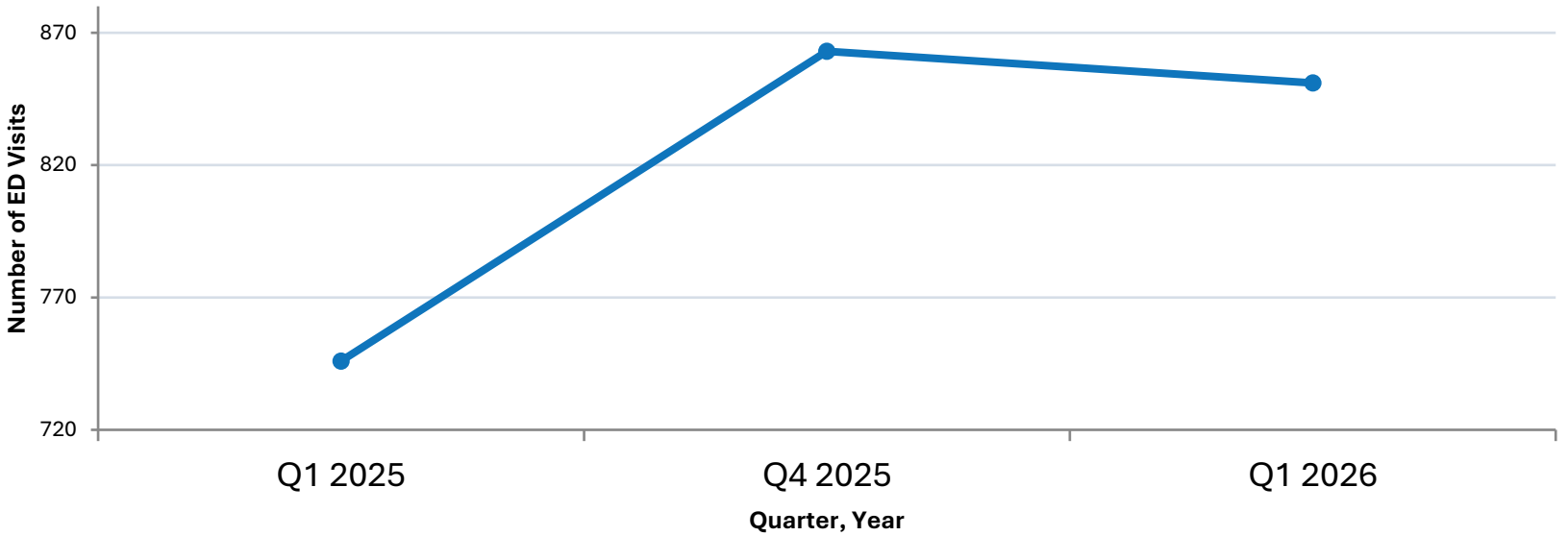
**863**

Q4 2025 ED visits

**746**

Q1 2025 ED visits

## All Drug-Related ED Visits by Quarter




### Interpretation

ED visit volume remained stable compared with the previous quarter, with a slight decrease from Q4 2025 to Q1 2026. However, visits were higher than the same quarter last year, indicating continued elevated ED burden.

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Drug Type Summary Table

Counts, quarter-over-quarter, and year-over-year change

| Drug Type | Q1 2026 | Q4 2025 | QoQ | Q1 2025 | YoY | Interpretation |
|---|---|---|---|---|---|---|
| **All suspected overdose incidents** | 851 | 863 | -1% | 746 | +14% | Stable quarter-to-quarter; higher than Q1 2025. |
| **Opioid-involved** | 142 | 163 | -13% | 151 | -6% | Declined compared with both Q4 2025 and Q1 2025. |
| **Heroin** | suppressed | 6 | Not calculated | suppressed | Not calculated | Counts <5 are suppressed; interpret cautiously. |
| **Fentanyl** | 45 | 59 | -24% | 38 | +18% | Lower than Q4 2025 but higher than Q1 2025. |
| **Stimulant-involved** | 42 | 38 | -11% | 40 | -5% | Slight increase; relatively stable over time. |
| **Benzodiazepine** | 15 | 17 | -12% | 6 | +150% | Small numbers; interpret with caution. |

## How to read this table

QoQ compares Q1 2026 with Q4 2025. YoY compares Q1 2026 with Q1 2025.

Drug categories are not mutually exclusive, and smaller counts should be interpreted with caution.

## Main signal

Fentanyl-related ED visits remained higher than Q1 2025 despite a decline from Q4 2025.

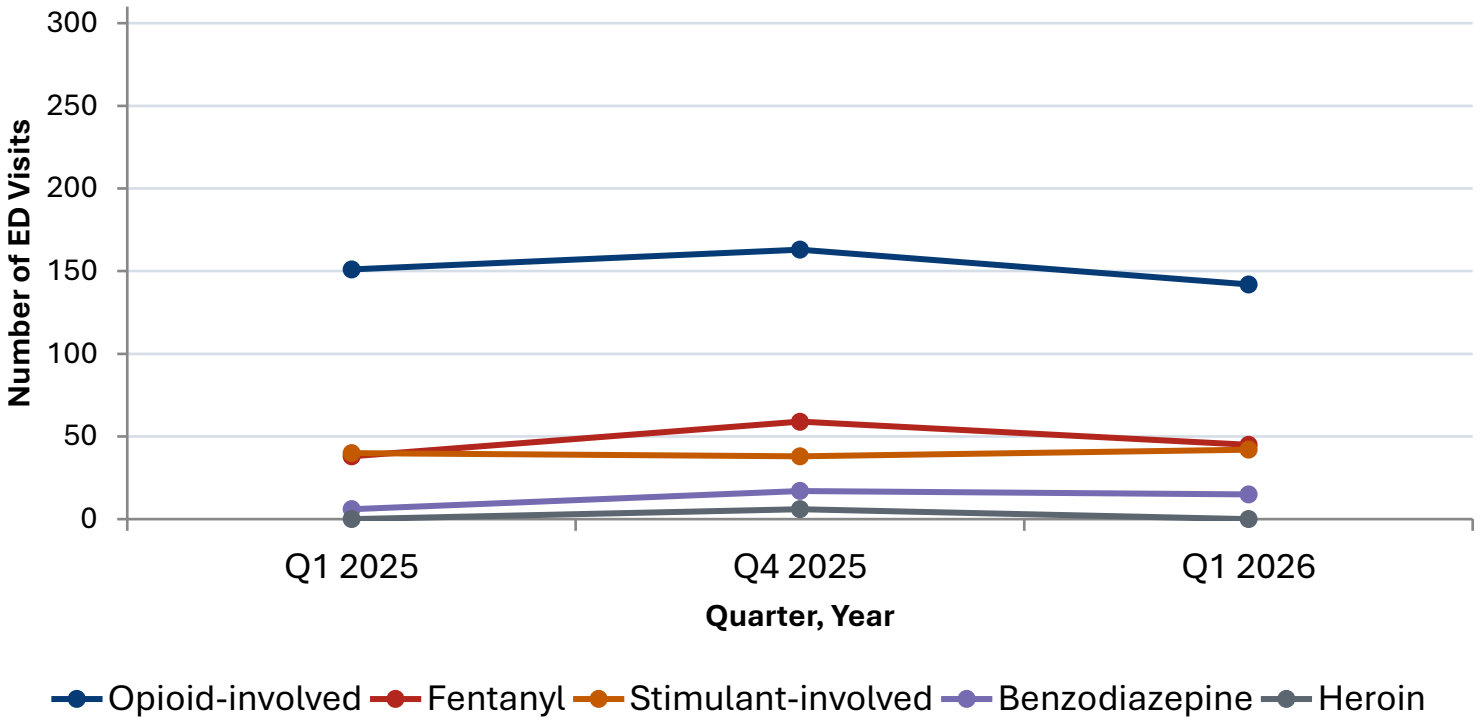
Overall ED visits were stable quarter-to-quarter but higher than the same period last year.

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Key Drug Indicators Over Time

Selected Categories by Quarter

## Selected Drug-Related ED Visit Indicators by Quarter




### Opioid pattern

Opioid-involved visits decreased from Q4 2025 and were slightly lower than Q1 2025.

### Fentanyl pattern

Fentanyl-related visits decreased from Q4 2025 but remained higher than Q1 2025.

### Interpretation caution

Heroin and benzodiazepine counts are small, so large percentage changes may reflect small numeric differences.

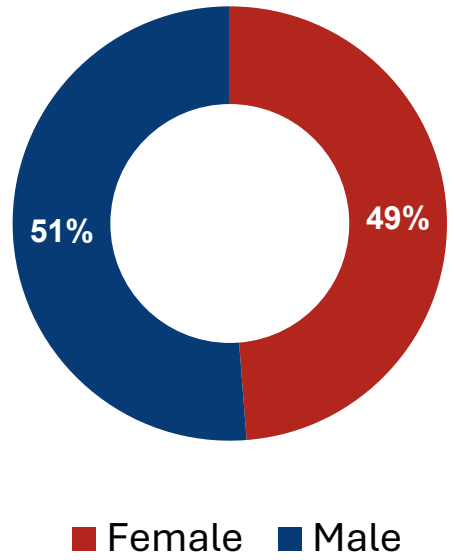
Drug categories are not mutually exclusive; a single ED visit may involve multiple substances.

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

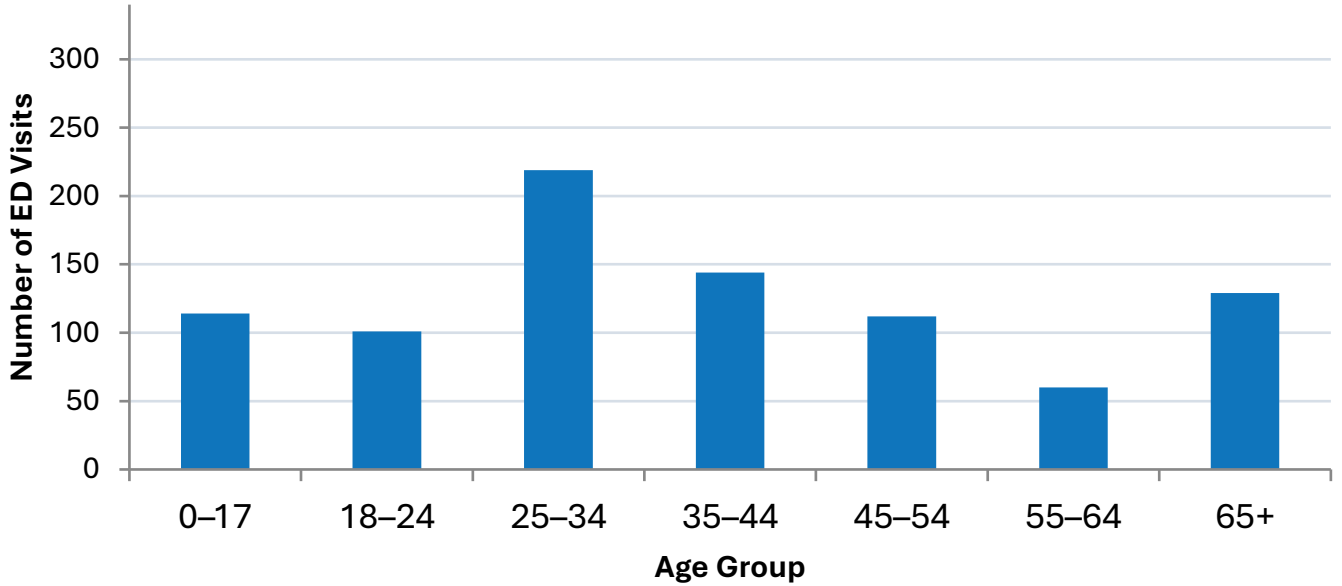
# Demographics: Sex and Age Group (ED Visits)

Q1 2026 suspected All Drug Related Poisoning ED visits

## ED Visits by Sex




## ED Visits by Age Group




### Sex summary

Female: 435 (49%)
Male: 414 (51%)
Unknown: Suppressed

### Age summary

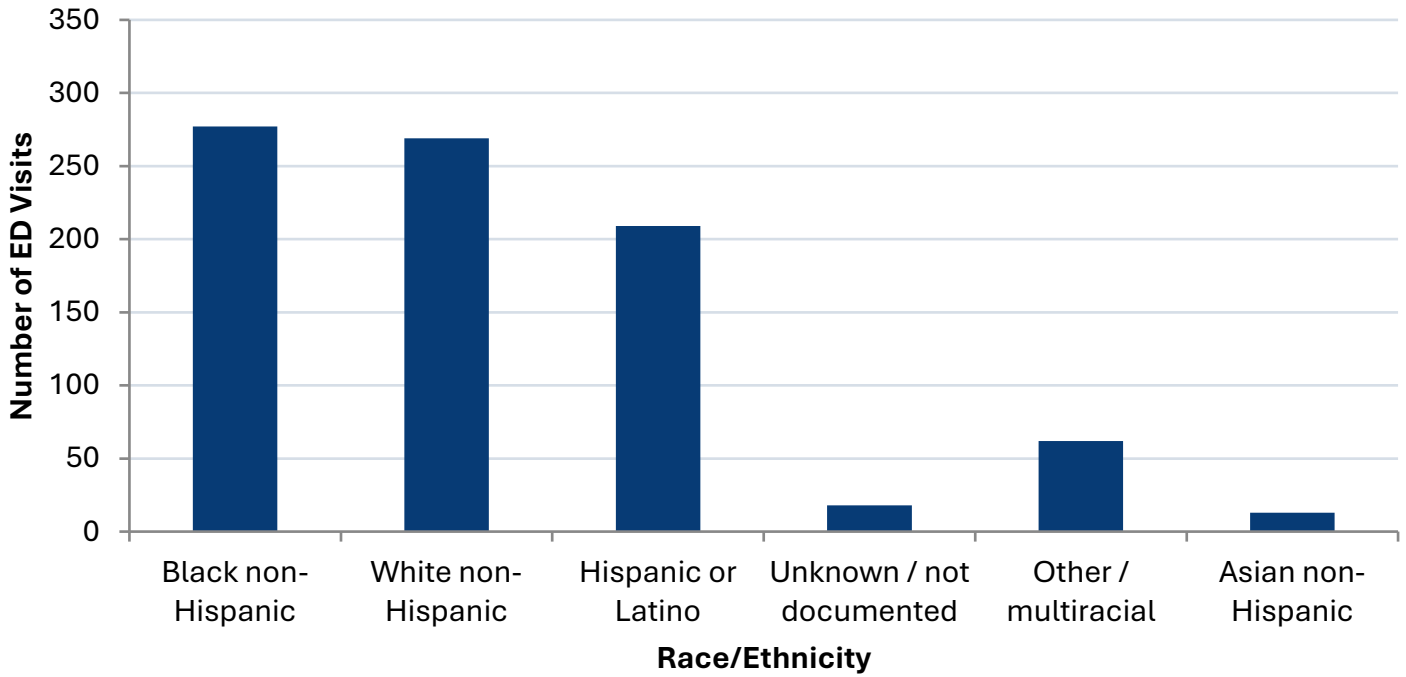
The largest age group was 25–34 years (219 visits, 25.7%), followed by 35–44 years (144, 16.9%) and 0–17 years (114, 13.4%).

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Demographics: Race and Ethnicity (ED Visits)

Q1 2026 suspected All Drug Related Poisoning ED visits

## Suspected Drug Overdose ED Visits by Race/Ethnicity




Black, non-Hispanic: 277 (33%)
White, non-Hispanic: 269 (32%)
Hispanic/Latino: 209 (25%)
Other/Multiracial/Unknown: 96 (11%)

Note: Non-zero counts less than 5 are suppressed to protect confidentiality.
Race/ethnicity categories are based on available ED data and may not reflect self-identified race/ethnicity.
Categories labeled "Other/Multiracial/Unknown" combine multiple smaller groups and unknown values for reporting purposes.

### Largest documented groups

Black non-Hispanic, White non-Hispanic, and Hispanic/Latino groups had the highest number of documented ED visits.

### Missingness caution

Unknown or not documented race/ethnicity accounted for 18 visits (about 2% of all visits), which may limit interpretation of racial/ethnic patterns.

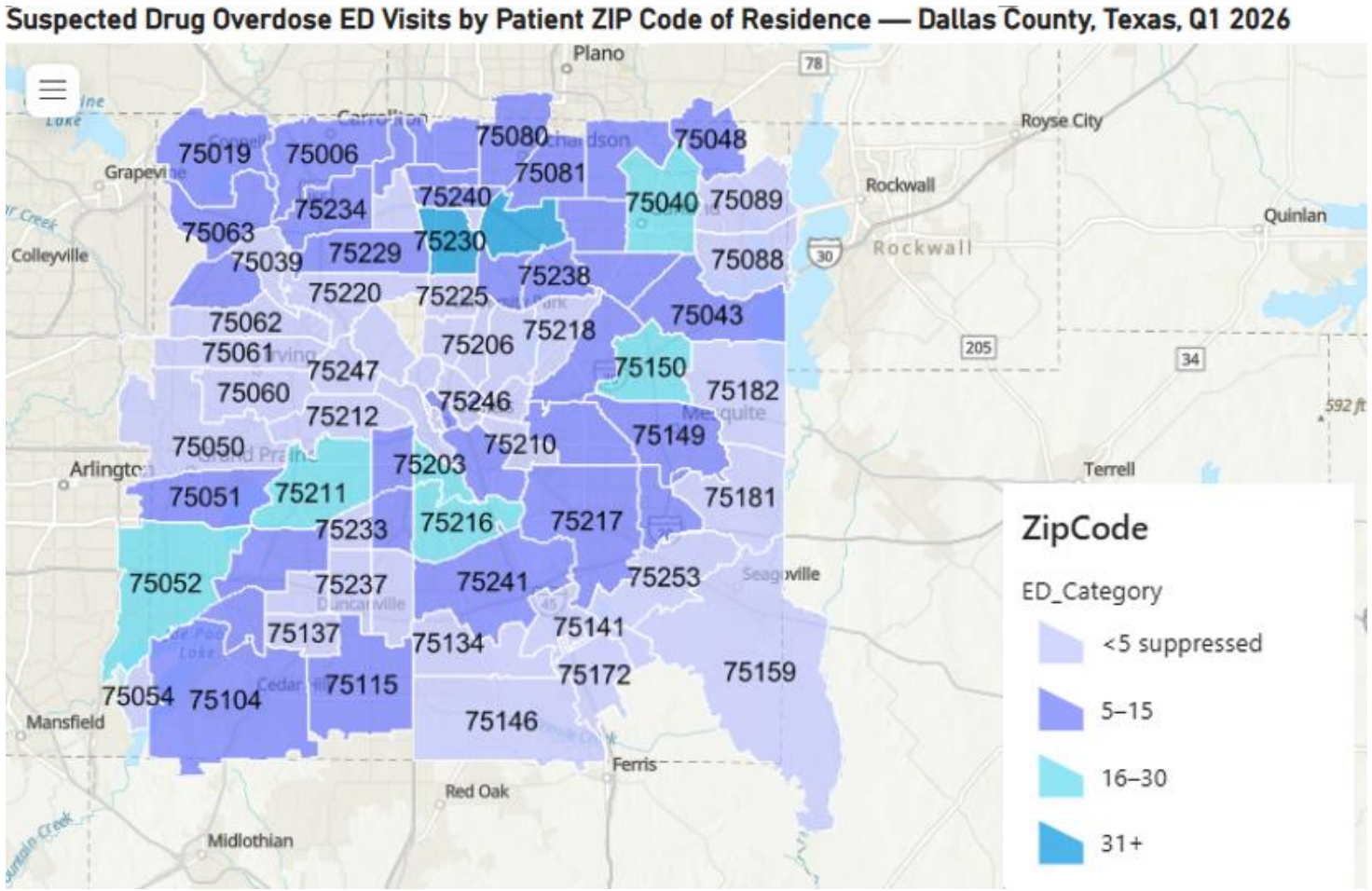
### Data quality note

Race/ethnicity data are incomplete and should be interpreted with caution. Patterns shown reflect available documented data only.

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Geographic Distribution

**Q1 2026 suspected All Drug Related Poisoning ED visits**




## Recommended geography

ZIP code is used for public reporting to balance geographic detail and confidentiality.

## Data suppression

ZIP codes with fewer than 5 ED visits are suppressed to protect confidentiality. Categories are grouped to reduce the risk of identifying individuals.

## Interpretation

This map shows suspected drug overdose ED visits by patient ZIP code of residence. Higher counts indicate ZIP codes where patients with overdose-related ED visits reside; these patterns do not necessarily reflect where the overdose occurred.

Data source: National Syndromic Surveillance Program (NSSP) ESSENCE ED visits from participating hospitals. Data as of April 14, 2026.

# Mortality Data Analysis

Q1 2026 mortality data are preliminary and not shown.

PURPOSE

## Mortality data are presented as a confirmed burden measure and are not intended to reflect real-time Q1 2026 trends.

| Measure | Q1 2025* | Q1 2024 | Change | Interpretation |
|---|---|---|---|---|
| **All overdose deaths** | 139 | 158 | -12% | Confirmed overdose deaths were lower than Q1 2024. |
| **Opioid-involved deaths** | 72 | 81 | -11% | Opioid-involved deaths decreased compared with Q1 2024. |
| **Fentanyl-involved deaths** | 68 | 66 | +3% | Fentanyl-involved deaths were similar to Q1 2024 with a slight increase. |
| **Stimulant-involved deaths** | 107 | 104 | +3% | Stimulant-involved deaths remained similar to Q1 2024. |
| **Heroin-involved deaths** | 7 | 12 | -42% | Counts are small and should be interpreted cautiously. |
| **Benzodiazepine-involved deaths** | Suppressed | 7 | Not Calculated | Counts fewer than 5 are suppressed to protect confidentiality. |

### Data note

Mortality data are subject to reporting lag and may be updated as death investigations are finalized. Q1 2026 mortality data are preliminary and not shown.

### How to interpret

Mortality data are used to understand confirmed overdose burden over time. ED visit data provide more timely information for current quarterly surveillance.

**Drug categories are not mutually exclusive; a single death may involve multiple substances.*

Data source: Texas Department of State Health Services (DSHS) Vital Statistics death certificate data (Dallas County residents). Data are provisional and subject to reporting lag.

# Interpretation and Recommendations



## INTERPRETATION AND PUBLIC HEALTH ACTIONS

### 1. Monitor fentanyl-related burden

Fentanyl-related ED visits remain higher than Q1 2025 despite a decline from Q4 2025 and continue to be a key driver of overdose burden.

### 2. Continue quarterly trend review

ED visit volume remained stable from Q4 2025 to Q1 2026; however, year-over-year levels indicate continued elevated burden.

### 3. Geographic concentration

ED visits are concentrated in specific ZIP codes based on patient residence, indicating opportunities for place-based prevention and outreach.

## RECOMMENDATIONS

### Targeted outreach

Use ED surveillance findings to support overdose prevention messaging, naloxone distribution, and targeted outreach in communities with elevated overdose burden.

### Linkage to care

Use ED surveillance findings to support referral pathways, linkage to care, and prevention efforts following non-fatal overdose events.

# Data Sources and Limitations

## Data sources

Emergency Department visits: National Syndromic Surveillance Program (NSSP) ESSENCE suspected drug poisoning queries.
Mortality: Texas Department of State Health Services (DSHS) Vital Statistics death certificate data (Dallas County residents). Data are provisional and subject to reporting lag.

## Limitations

ED data are syndromic and may include suspected rather than confirmed diagnoses.
Drug-specific categories may overlap, and a single visit may involve multiple substances.
Small counts and missing demographic data may affect interpretation.
Mortality data are subject to reporting and investigation lag.
Geographic patterns are based on patient ZIP code of residence and may not represent overdose incident locations.

## Data notes

Data are provisional and subject to change. Suppression rules are applied to protect confidentiality.
ED data represent visits from participating hospitals and may not include all emergency departments in Dallas County.
Results should be interpreted in the context of reporting practices, population differences, and healthcare utilization patterns.

***Drug categories are not mutually exclusive; counts by drug type may exceed total overdose visits or deaths.**